

To whom it may concern,

My name is Rona Ortega and I am the technology coordinator for Questa Independent School District. This letter is an Appeal for a FRN extension. An administrative decision did not allow approval for the reason submitted. On my previous request for a FRN extension, I did not include the reason why I needed an FRN extension.

Our new provider for Internet for funding year 2014-2015, Kit Carson did not have an approved Form 473 on file for 2014-2015 which made it impossible for me to submit my Form 472. Since my request, Kit Carson has applied for and received an approved Form 473 on file for funding year 2014-2015. If you grant my request, this would be very much appreciated by my district and me. Please let me know if you need any additional information from me.

Request for an Appeal for an FRN Extension for funding year 2014-2015

Contact Person: Rona Ortega
Date of decision: 3-22-2016
Billed Entity Name: Questa Independent Schools
Billed Entity Number: 143283
FORM 471 Application Number: 968690
FRN: 2636997
SLD Invoice number: 2325156
Service Provider: Kit Carson Electric Coop.
SPIN: 143033508

Thank you for your consideration,

Rona Ortega

Questa Independent Schools

P.O.. Box 440 Questa, NM 87556

(575) 586-0421 ext. 2037 phone

(575) 586-2282 fax

Contact Email: ronaortega@questa.k12.nm.us



Administrator's Decision on Invoice Deadline Extension Request

deadline@sl.universalservice.org

Tue 3/22/2016 8:25 AM

To: Rona Ortega <ronaortega@Questa.k12.nm.us>;

This serves as acknowledgement and dismissal of your request for a deadline extension for the following FRNs:

2636997

Current deadline extension rules and procedures do not allow approval for the reason submitted.

TO APPEAL THIS DECISION:

If you wish to appeal the decision indicated in this letter, your appeal must be POSTMARKED within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and e-mail address (if available) for the person who can most discuss this appeal with us.
2. State outright that your letter is an appeal. Identify which Administrative Decision you are appealing. Indicate the relevant funding year and the date of this letter. Your letter of appeal must also include the Billed Entity Name, the Form 471 Application Number, and the SLD Invoice Number from the top of your letter.
3. When explaining your appeal, copy the language or text from this letter that is at the heart of your appeal to allow the SLD to more readily understand your appeal and respond appropriately. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep copies of your correspondence and documentation.
4. Provide an authorized signature on your letter of appeal.

If you are submitting your appeal on paper, please send your appeal to: Letter of Appeal, Schools and Libraries Division, 30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685. Additional options for filing an appeal can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by contacting the Client Service Bureau. We encourage the use of either the e-mail or fax filing options.